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Goal: Engage human services specialists in a discussion of recovery language and how stigma in language impacts consumers negatively.



Describe the impact of stigma in mental health and substance use disorders.



Discuss 3 approaches to support long term recovery using strength based language.



Contrast current and alternative terminology in addressing recovery in mental health and substance use disorder.

2

SURVEY QUESTIONS

1. The power of language:
 - a) can inform our minds
 - b) can have an emotional and physical impact
 - c) can be stigmatizing
 - d) a, b and c
2. Research has shown that
 - a. Self-stigma only relates to mental health recovery.
 - b. Advances in public in education is eradicating stigma in mental health and substance use disorders.
 - c. Word choice determines professional motivation to treat addictive disorders.
 - d. People accept their diagnosis when we can put a name to it.
3. It takes someone with a mental health diagnosis _____ months to share this information to those closest to them.
 - a. 2 months
 - b. 7 months
 - c. 12 months
 - d. 36 months
4. Society labels for groups of people contribute to
 - a. Understanding the problem
 - b. Stereotyping
 - c. Prejudice
 - d. Discrimination
5. Of the following statements, which is not true?
 - a. Relapse is part of recovery
 - b. Professionals can be instrumental in reducing stigma
 - c. Care Providers stigmatize mental health and substance use disorders
 - d. People with substance use disorders do not seek treatment due to their concerns with their neighbors.
6. Social factors that contribute to discrimination and stigma are
 - a. Violence
 - b. Racism
 - c. Pollution
 - d. a & b

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Additional Aims:

- **To understand the concepts behind inclusive, empowering language– not to memorize a list of “acceptable words”**
- **To share with one another our own lived experiences with language, both positive and negative**
- **To learn how to implement new and dynamic language that honors the unique lived experience of each person**
- **To ensure the messages we intend to send are the messages that are received**

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“The difference between the right word and the almost right word is the difference between lightning and the lightning bug.”

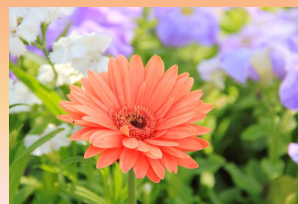
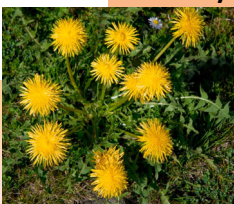
- Mark Twain



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Words are important.

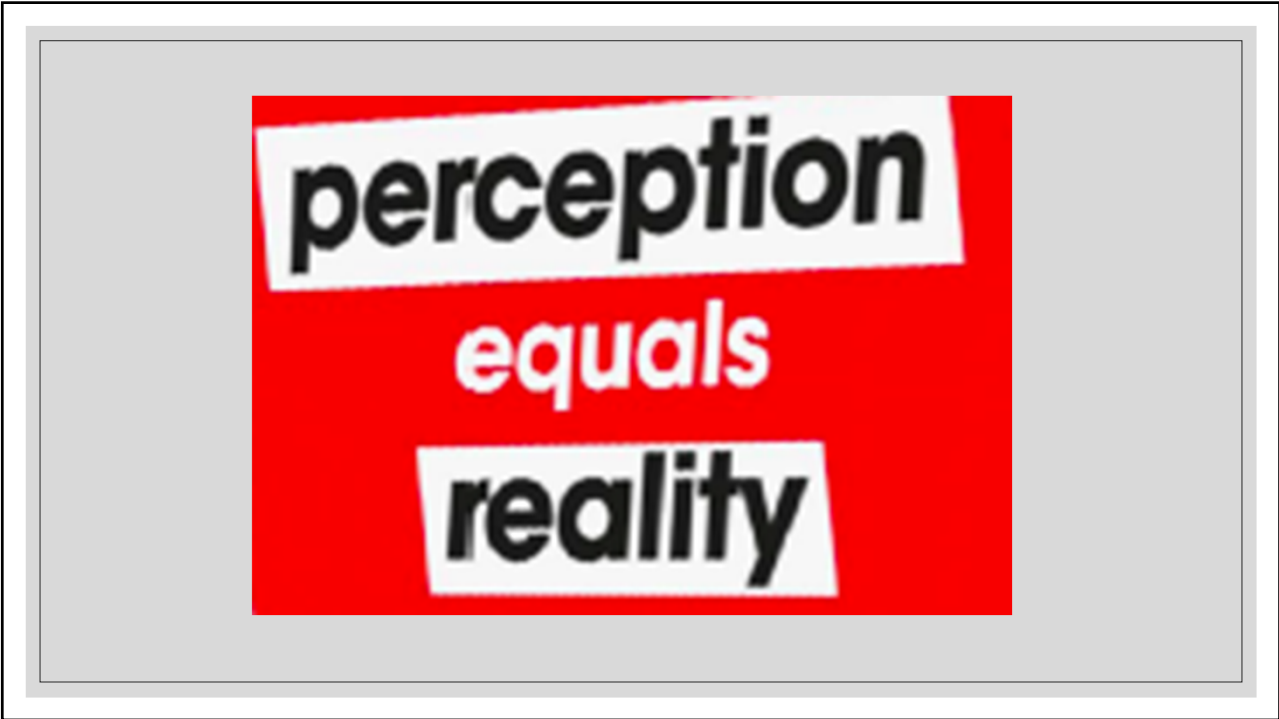
- *If you want to care for something, you call it a “flower”; if you want to kill something, you call it a “weed”. –Don Coyhis*



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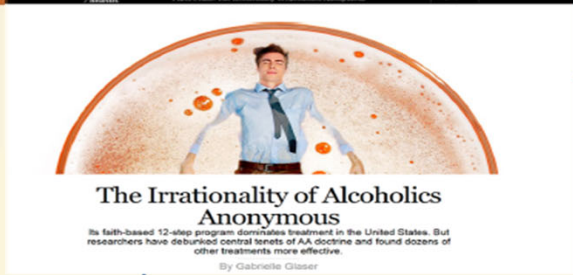


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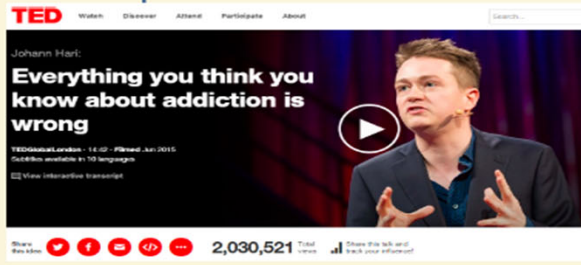
Language Matters: Media can Shape Perception & Shade Reality



The Irrationality of Alcoholics Anonymous
 Its faith-based 12-step program dominates treatment in the United States. But researchers have debunked central tenets of AA doctrine and found dozens of other treatments more effective.
 By Gabrielle Glaser



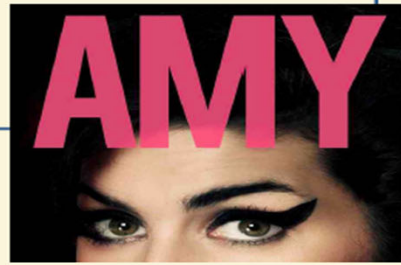
THE BUSINESS OF RECOVERY
 A Dose of Reality



Johann Hari: Everything you think you know about addiction is wrong

TEDGlobalLondon · 14:02 · Filmed Jun 2015
 Credits available in 10 languages
 View interactive transcript

2,030,521 Total views

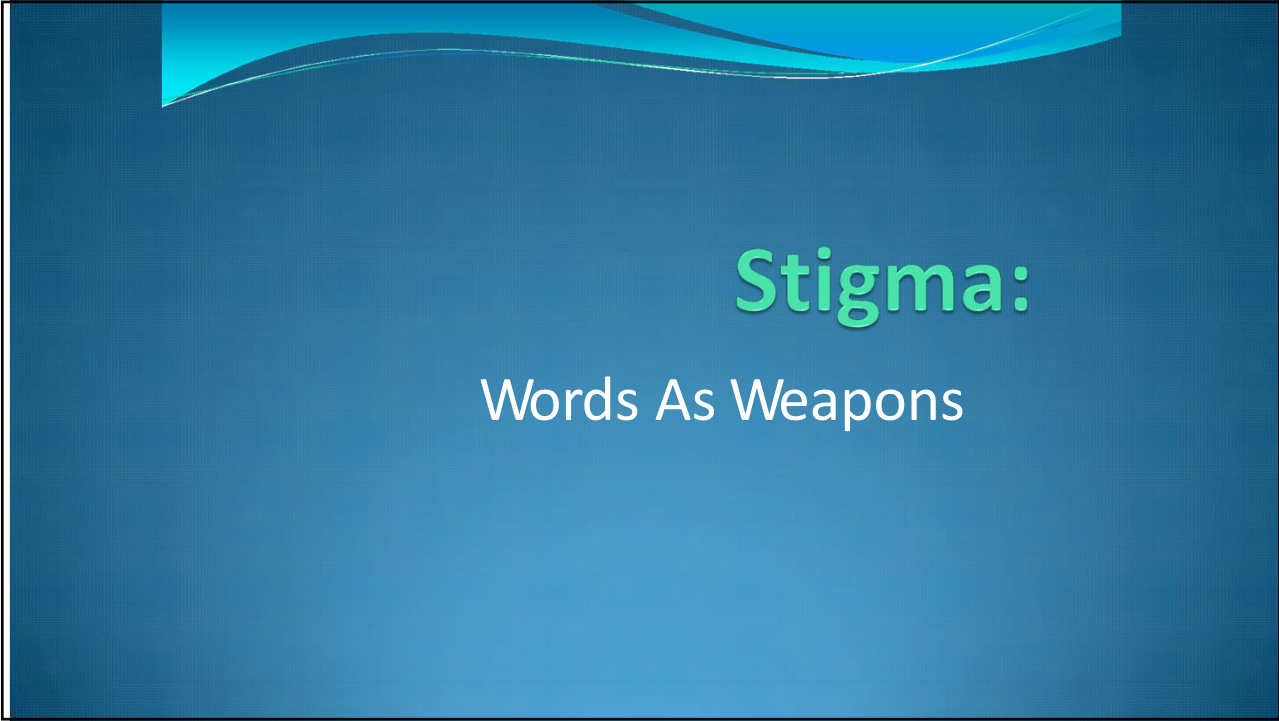


AMY

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Goffman identified three main types of stigma: (1) stigma associated with mental illness; (2) stigma associated with physical deformation; and (3) stigma attached to identification with a particular race, ethnicity, religion, ideology, etc.

Feb 19, 2021

COMMON
Stigmatizing
MYTHS



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Language has power.

“Words can inform our mind, caress and comfort our feelings, excite and thrill our spirit, or warm and kindle the flame of our hearts. They can also slap our face, punch us in the stomach, rattle our nerves, kill our desire, or destroy our self-confidence.

Language ... can emotionally move and affect us as powerfully as physical actions.

...To give the power of language its rightful place we should teach the power of articulate speech that captures the intensity of our feelings, without using them as weapons, and we should not tolerate the abuse of this power that violates us and our system.”

- “The Power of Language,” Michele Toomey Ph.D

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The newspapers...



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Hasn't it gotten better?

July 10, 2002: Trenton State Hospital (NJ) has a fire...

ROASTED NUTS

General-alarm fire at Trenton Psychiatric


By TOM BALDWIN & JEAN LEVINE
Staff Writers

A welder's torch sparked a general-alarm blaze that gutted offices and a chapel at Trenton Psychiatric Hospital yesterday as it burned out of control for more than two hours.

Authorities said no TPH employees or patients were hurt in the morning blaze. But several of the 100 firemen who responded to the scene collapsed from heat exhaustion.

Battalion Chief Graham Smith of the Trenton Fire Division said the blaze broke out in the Haines Building shortly before 8 a.m.

Trenton Photo Staff/2002
Smoke blows skyward behind a building on the grounds of the Trenton Psychiatric Hospital.



Studies consistently show that both entertainment and news media provide **overwhelmingly dramatic and distorted** images of mental illness that emphasized dangerousness, criminality and unpredictability. They also model negative reactions to the mentally ill, including fear, rejection, derision and ridicule.

The consequences of negative media images for people who have a mental illness are profound. They impair self-esteem, help-seeking behaviors, medication adherence and overall recovery.

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62°

Los Angeles Times

April 16, 2015

Why cocaine addicts keep making bad decisions

Email
Facebook 2K
Twitter 333
g+1
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BY GEOFFREY MOHAN
February 4, 2015, 7:25 p.m.

Chronic cocaine use alters brain circuits that help with decision-making, a new study suggests.

The study, published online Tuesday in the *Journal of Neuroscience*, could offer a biological marker for the cycle of destructive decisions that many addicts exhibit.

Researchers measured EEG signals from a region of the midbrain that has been associated with how the brain manages

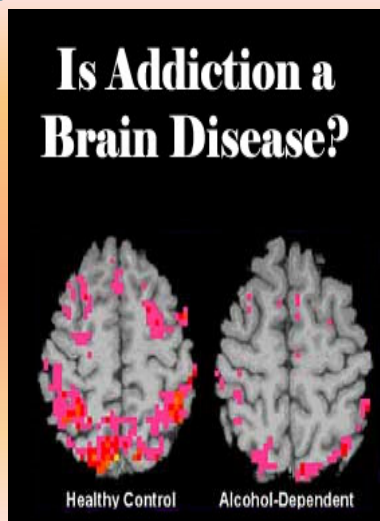
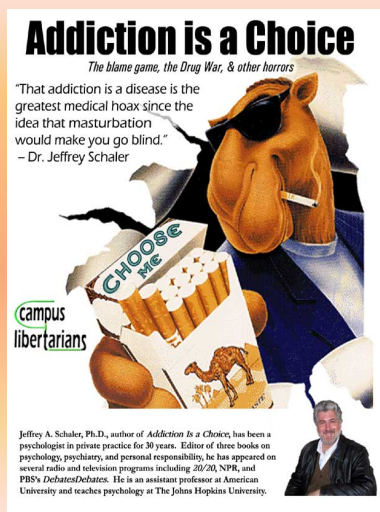
What words/messages do you think will stay with the reader?

ARNULFO FRANCO / ASSOCIATED PRESS

Chronic cocaine use skews the brain's reward-related error management, according to a new study. Here, an anti-narcotics agent in Panama looks over a package of confiscated cocaine.

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What is Addiction?



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What is Stigma?

“an attribute that is deeply discrediting” and described the stigmatized individual as “a discredited person facing an unaccepting world” (Goffman, 1963).

Stigma is sometimes described as an imaginary “stain” that we see on a human being.

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Stigma



- **Negative stereotypes, labels, judgments and prejudice that can lead to discrimination.**
 - **Stereotypes: Generalized belief; “People with mental illness are violent”**
 - **Prejudice: Judgment based on that belief; “They’re violent, I’m scared and don’t want anything to do with them”**
 - **Discrimination: Action based off those judgments and beliefs; “I won’t hire or rent to a person with mental illness because I’m scared of them”**

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Types of Stigma

- **Public stigma: Stigma faced externally from a system, group or individual**
 - Public stigma effects many areas of life:
 - Employment
 - Housing
 - Healthcare
 - Education



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DAMAGING EFFECTS OF STIGMA

- Self-stigma significantly decreases interest in seeking help for **mental health concerns**.
- Self-stigma negatively impacts the recovery of people with severe mental illnesses by
 - Decreasing their self-esteem and self-worth,
 - Reducing hope for recovery,
 - Affecting social relationships
 - Worsening psychiatric symptoms
 - Increases avoidant coping and suicide risk
 - Reduces treatment adherence and vocational functioning
- Stigma against people **with substance use disorders** has proven particularly intractable
 - Seen as character flaws/deviance
 - Contributes to a treatment-averse mindset - among health professionals. Addiction is a brain disorder and, as such, should be considered as treatable like any other medical condition.

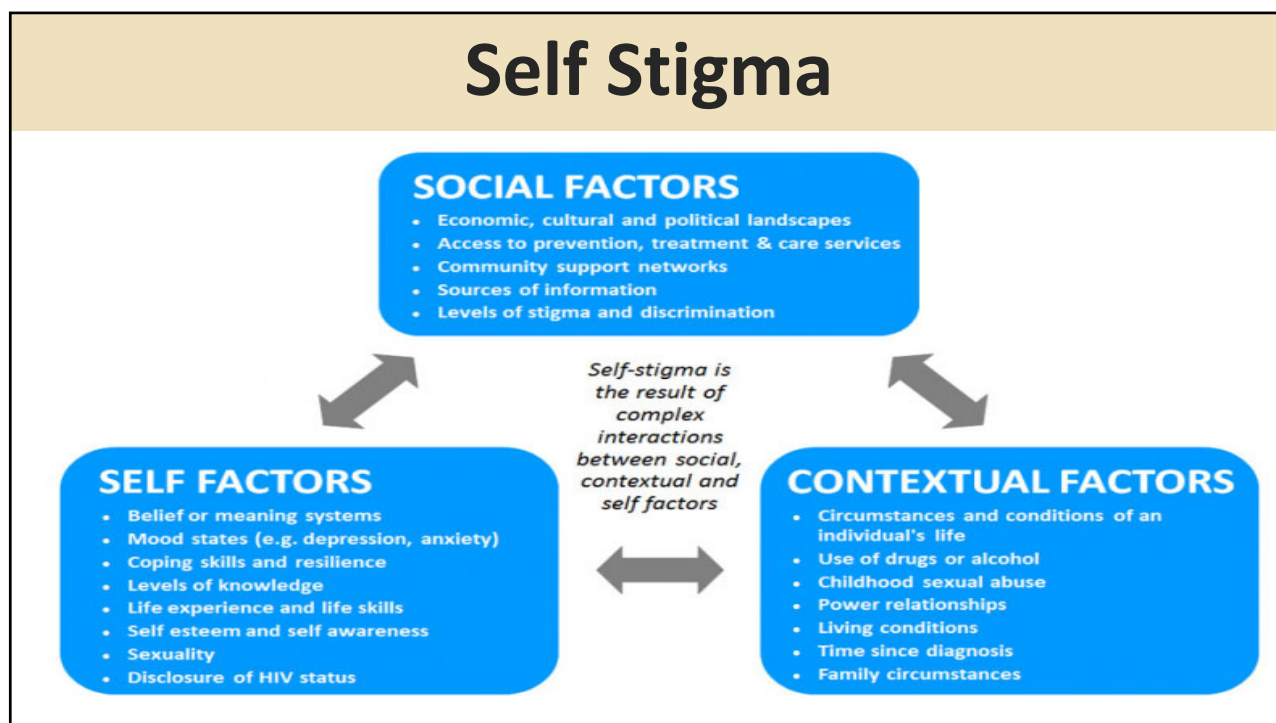


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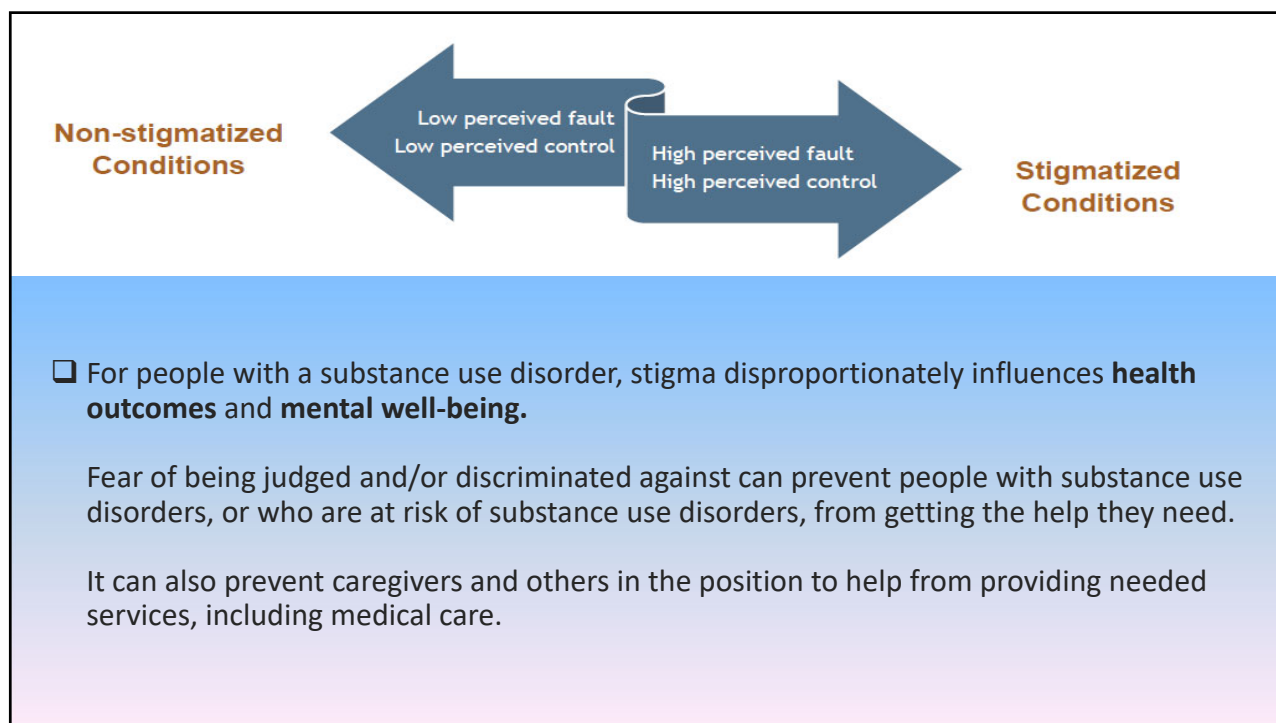
Self-Stigma

- Self-stigma: internalized public beliefs that effect self-esteem and self-efficacy
 - I'm not worthy, I'm not able
 - "Why try?" Effect
 - Diminished care seeking & treatment engagement; people do not want to be seen as one of "those" people so they aren't likely to seek mental health services
 - Worse outcomes for recovery

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STIGMA is.....

“A negative belief about a group of people”

- ✓ Age
- ✓ Race
- ✓ Ethnicity
- ✓ Gender
- ✓ Sexual Orientation
- ✓ Disability
- ✓ Religion
- ✓ Size
- ✓ And many more...

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Stigma reflects the attitudes and beliefs that lead to

**○DISCRIMINATION.
DISCRIMINATION.**

○*The use of stigmatizing language can be a way of distancing ourselves from things we don't understand – or don't want to understand.*

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Some examples of stigmatizing language around mental health issues...

- Crazy
- Nuts
- Psycho
- Hoarder
- Paranoid
- Committed suicide
- Brain disorder/disease
- Non-compliant
- Manipulative
- Decompensating
- In denial/Lacks insight
- High/Low-functioning

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Some examples of stigmatizing language around substance use disorders issues...

Drunks
Druggies
Junkies
Pill popper
Tweaker

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“Those people”

- Alcoholic
- Addict
- Old Wino
- Crack Head
- Needle Freak
- Benzo Queen
- Garbage Head

Burn Out
Pot Head
Borderline
Nut Job
Crazy
Psycho
“Chronic Relapser”
“Chronic Recidivist”


What else??

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Hello I am

What you
label me

30




“I am a
toothache”

- I have a toothache.
- I am experiencing tooth pain.
- I have an abscessed tooth.

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UNDERSTANDING THE IMPACT OF SUD STIGMA

- Two main factors affect the burden of stigma placed on a particular disease or disorder:
 - perceived *control* that a person has over the condition
 - perceived *fault* in acquiring the condition.
 - When we believe a person has acquired their illness through no fault of their own, and/or that they have little control over it, we typically attach no stigma to either the person or the illness.
 - Hard-to-treat cancers vs. mental health conditions. SUD
 - The potential for stigma is greater still when someone is using an illegal substance, which carries the additional perception of criminality.



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It's about trying to see things from the other person's perspective - and discovering truths about ourselves and our experiences.



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PERSON FIRST LANGUAGE

Use People First Language to **tell what a person HAS, not what a person IS.**

- Emphasize abilities not limitations.
- For example, say “a man walks with crutches,” not “he is crippled.”
- Avoid negative words that imply tragedy, such as
 - afflicted with
 - suffers
 - victim
 - prisoner
 - unfortunate

PERSON experiencing.....

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When it comes to using inclusive language:



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When talking about it Teach your Clients

Instead of : *I am a schizophrenic.* How About...?

I have a diagnosis of schizophrenia; for me, that means I have lived experience of hearing voices.

I am a Voice Hearer.

Or

Javier committed suicide. How about...?

Javier died by suicide. Javier took his own life.

Or

My client is treatment resistant or non-compliant. How About...?

I am working with someone who is not ready for change; has chosen to look into alternative treatments at this time. S/he has decided not to use medications right now.

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RESEARCH - The Power of Words....

- Pioneering research showing the power of word choice in determining professionals' motivation to treat or not treat people with addictive disorders was conducted over a decade ago by researchers at Harvard.
 - Using case vignettes, doctoral-level clinicians in mental health and addiction were more likely to favor punishment (a jail sentence) versus treatment for a character when that individual was described as a "substance abuser," versus when they were described as having a "substance use disorder"—all other words in the descriptions being identical.
- This finding has been replicated with mental health professionals and other groups.

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Substance use disorder is among the most stigmatized conditions in the US and around the world.

People do not want to work with, be related to, or even see people with a substance use disorder in public. Further, many believe that people with a substance use disorder can or should be denied housing, employment, social services, and health care.

Health care providers treat patients who have substance use disorders differently.

Clinicians have lower expectations for health outcomes for patients with substance use disorders; this in turn can affect whether the provider believes the patient is deserving of treatment. Some health care providers, falsely believing that substance use disorders are within a person's control, cite feelings of frustration and resentment when treating patients with substance use disorders.

People with a substance use disorder who expect or experience stigma have poorer outcomes.

People who experience stigma are less likely to seek out treatment services and access those services. When they do, people who experience stigma are more likely to drop out of care earlier. Both of these factors compound and lead to worse outcomes overall.

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Treatment Does Not Equal Recovery

Treatment is part of recovery – but it is not equal to recovery.

The goal of treatment is absence of symptoms; the goal of recovery is holistic health.

Recovery is different for each individual, and the social determinants of health need to be addressed before the recovery process can move forward.



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Relapse

- In no other chronic medical condition is a return to being symptomatic described a “relapse”.
- Stigmatizing term
- Carries much emotional baggage
- A more medically accurate term would be “a recurrence” or “a return to use”. A less stigmatizing term would be a “setback”.

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Clean and Sober

- Have you heard these terms used with someone who is diagnosed with cancer, diabetes, hypertension?
 - Laden with moral implications
 - Stigma – dirty is usually followed by an epithet that is racial, sexist, or religious in nature
 - Alternative – Drug Free or Free from illicit or non-prescribed medications
 - Mutual Aid Group usage

Dr. Mee Lee:

“FLARE UP”

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“Relapse is part of recovery”



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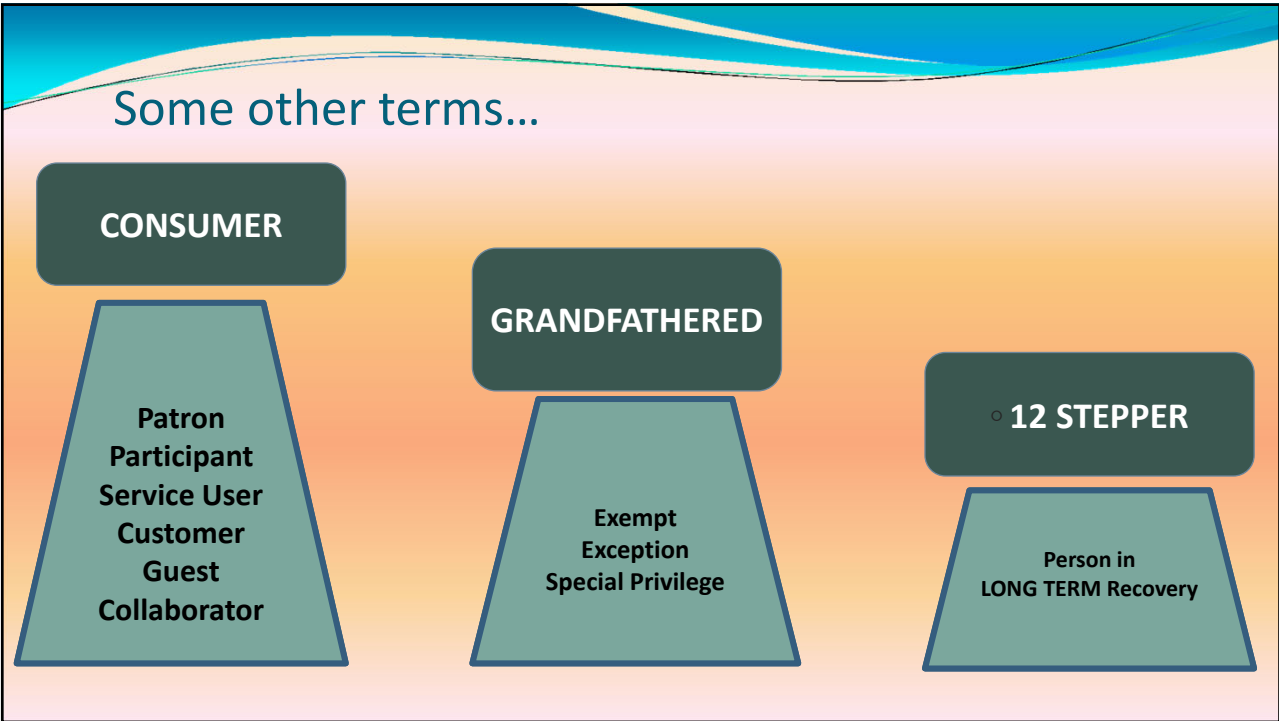
“Relapse is part of recovery”

- ◆ Offers the person seeking recovery an invitation and excuse for continued use
- ◆ Is a thin line away from the “once and addict, always an addict’ mantra that has fueled decades of addiction-related social stigma
- ◆ Lessens programmatic accountability

Relapse is not part of recovery.

White (2010)

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In one study of clinicians, those exposed to the term *“substance abuser”* were more likely to judge the person as deserving of blame and punishment than when the phrase *“having a substance use disorder”* was used.

THE AMERICAN
JOURNAL of
MEDICINE ©

Stop Talking ‘Dirty’: Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States



Volume 128, Issue 1, Pages 8–9. January 2015.

A patient with diabetes has “an elevated glucose” level. A patient with cardiovascular disease has “a positive exercise tolerance test” result. A clinician *within* the health care setting addresses the results. An “addict” is not “clean”—he has been “abusing” drugs and has a “dirty” urine sample.

despite harmful consequences. Yet, despite evidence of a strong causal role for genetics and impairment in inhibitory control, stigma is alive and well. Research is now revealing that one contributory factor to the perpetuation of stigma may be the type of language we use.

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The social virus is spreading fast.....

- **"Stigma is dangerous for the millions of Americans affected by mental health conditions. It causes people to feel ashamed for something that is out of their control, prevents them from seeking help and even takes lives.**
- **"Although stigma is a virus that anyone can be exposed to, we do have a cure, and that is compassion and understanding.**
- **We need to talk openly and raise our voices, so we can put an end to the fear and shame, and cure stigma once and for all."**

Mary Giliberti, CEO of NAMI

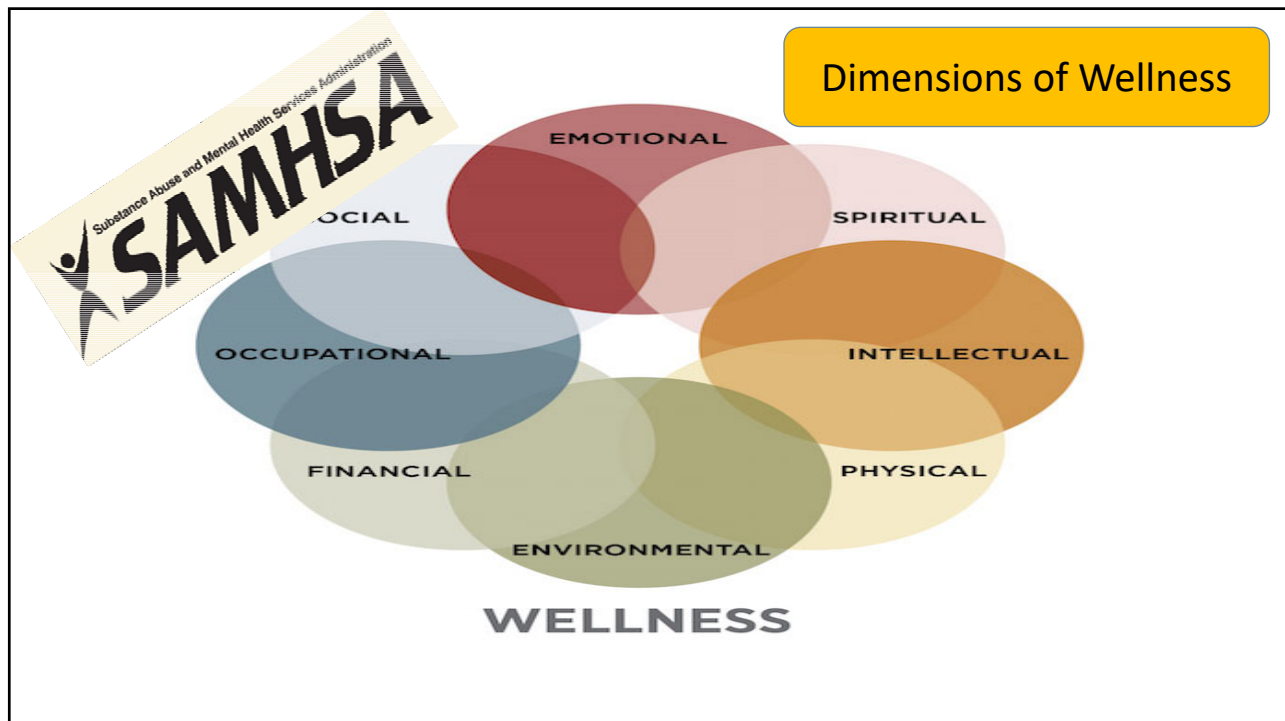
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Ten Components of Recovery

- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Non-linear
- Strength-based
- Peer supported
- Respect
- Responsibility
- Emerges from Hope



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The Eight Dimensions of Wellness

- **Emotional**—Coping effectively with life and creating satisfying relationships
- **Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
- **Financial**—Satisfaction with current and future financial situations
- **Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills
- **Occupational**—Personal satisfaction and enrichment from one’s work
- **Physical**—Recognizing the need for physical activity, healthy foods, and sleep
- **Social**—Developing a sense of connection, belonging, and a well-developed support system
- **Spiritual**—Expanding a sense of purpose and meaning in life

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Language of Recovery	
Current Terminology	Alternative Terminology
Treatment is the goal; Treatment is the only way into Recovery	Treatment is an opportunity for initiation into recovery (one of multiple pathways into recovery)
Substance Abuse	Substance Use Disorder / Substance Misuse
Drug of Choice / Abuse	Drug of Use
Denial	Ambivalence
Relapse Prevention	Recovery Management
Pathology Based Assessment	Strength / Asset-Based Assessment
Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies	Focus on the drug the CLIENT feels is creating the problems
A Drug is a Drug is a Drug	Each illicit substance has unique interactions with the brain; medication if available is appropriate.
Relapse	Recurrence / Return to Use
Relapse is part of Recovery	Recurrence / Return to Use may occur as part of the disease
Clean / Sober	Drug Free / Free from illicit and non-prescribed medications
Self Help Group	Mutual Aid Group
Untreated Addict / Alcoholic	Individual not yet in Recovery

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RECOVERY

- “Diseases have symptoms, machines function, people live.”

Components of Recovery

Components of Recovery: Hope, Self-Direction, Individualized and Person-Centered, Empowerment, Holistic, Non-Linear, Strengths-Based, Peer Support, Respect, Responsibility.

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The Most Respectful Way of Referring to People is as People

Current	Alternative	Reasoning
Clients / Patients / Consumers	The people in our program The folks we work with The people we serve	More inclusive, less stigmatizing
Alex is an addict	Alex is addicted to alcohol Alex is a person with a substance use disorder Alex is in recovery from drug addiction	Put the person first Avoid defining the person by their disease
The terms listed below, along with others, are often people's ineffective attempts to reclaim some shred of power while being treated in a system that often tries to control them. The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others. And these efforts are not effectively bringing them to the result they want.		
Mathew is manipulative	Mathew is trying really hard to get his needs met Mathew may need to work on more effective ways of getting his needs met	Take the blame out of the statement Recognize that the person is trying to get a need met the best way they know how
Kyle is non-compliant	Kyle is choosing not to... Kyle would rather... Kyle is looking for other options	Describe what it looks like uniquely to that individual—that information is more useful than a generalization
Mary is resistant to treatment	Mary chooses not to... Mary prefers not to... Mary is unsure about...	Avoid defining the person by the behavior. Remove the blame from the statement
Jennifer is in denial	Jennifer is ambivalent about..... Jennifer hasn't internalized the seriousness of.... Jennifer doesn't understand.....	Remove the blame and the stigma from the statement

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The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.


The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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What do I do if someone tells me I said something stigmatizing?



OUCH

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What happens if/when I slip up?

- ✓ Catch it
- ✓ Check it
- ✓ Change it

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What can we do?

Individual level

- Affirming attitudes:
 - People with mental illness recover
 - They should determine all their goals and interventions to reach those goals
 - Actions and Advocacy:
 - Reasonable accommodations
 - Community Supports
- Easy stuff: CHANGE YOUR WORDS
 - Use first person language
 - Avoid stigmatizing terms and point out other people who use them

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What are social determinants of health?

- Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social Determinants of Health

The diagram is a circle divided into five colored segments, each with an icon and a label. In the center is a grey silhouette of a person. The segments are:

- Top-left (dark blue): Education Access and Quality (graduation cap icon)
- Top-right (red): Health Care Access and Quality (white cross icon)
- Right (light blue): Neighborhood and Built Environment (house and building icon)
- Bottom (yellow): Social and Community Context (three people icon)
- Bottom-left (green): Economic Stability (dollar sign icon)

Social Determinants of Health
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Healthy People 2030

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Health Care Professionals

- **The treatment and recovery communities can help recovering people grow by recognizing that they have a condition/disease but are not defined by it. Recovery is about becoming a caring spouse, a loving parent, or perhaps a better child. Helping people achieve healthy biopsychosocial and spiritual lives and helping them to recognize that they have the capacity to do so is the greatest tool we have to prevent and reduce stigma.**

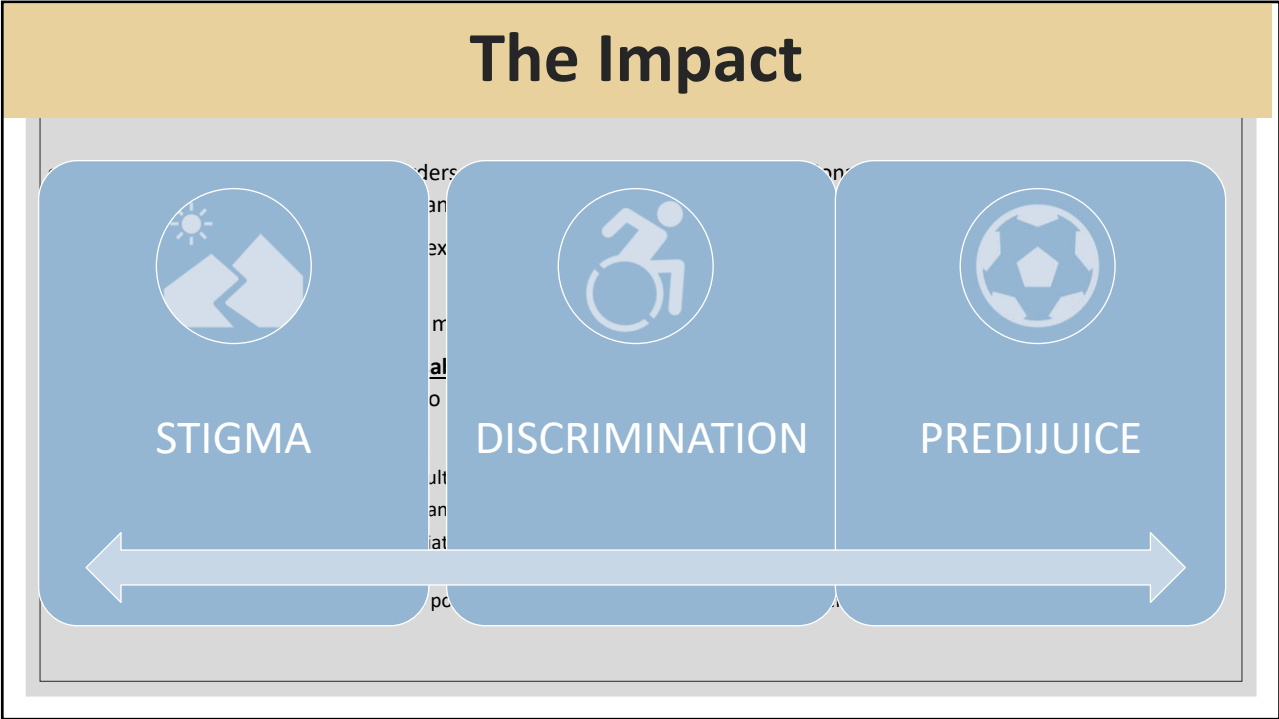
◦ from —Richard Landis, Senior Vice President of Operations, Danya International, Silver Spring, Maryland

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Seven Things YOU Can Do to Reduce Stigma



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